

County: Pierce
 SPRING VALLEY HEALTH CARE CENTER, INC.
 W500 STATE ROAD 29

Facility ID: 8260

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SPRING VALLEY 54767 Phone: (715) 778-5545
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 59
 Total Licensed Bed Capacity (12/31/02): 67
 Number of Residents on 12/31/02: 50

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 50

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	Yes						1 - 4 Years			20.0
Supp. Home Care-Personal Care	Yes						More Than 4 Years			38.0
Supp. Home Care-Household Services	Yes		Developmental Disabilities	26.0	Under 65	16.0				42.0
Day Services	No		Mental Illness (Org./Psy)	42.0	65 - 74	4.0				-----
Respite Care	Yes		Mental Illness (Other)	6.0	75 - 84	34.0				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	38.0				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.0				Full-Time Equivalent
Congregate Meals	Yes		Cancer	0.0		-----				Nursing Staff per 100 Residents
Home Delivered Meals	Yes		Fractures	0.0		100.0				(12/31/02)
Other Meals	No		Cardiovascular	14.0	65 & Over	84.0				-----
Transportation	No		Cerebrovascular	6.0		-----				RNs
Referral Service	No		Diabetes	0.0	Sex	%				LPNs
Other Services	No		Respiratory	2.0		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	4.0	Male	38.0				Aides, & Orderlies
Mentally Ill	No			-----	Female	62.0				51.7
Provide Day Programming for				100.0		-----				
Developmentally Disabled	Yes					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	286			27	64.3	106	0	0.0	0	2	50.0	117	0	0.0	0	0	0.0	0	33	66.0
Intermediate	---	---	---			3	7.1	87	0	0.0	0	2	50.0	107	0	0.0	0	0	0.0	0	5	10.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			12	28.6	155	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	24.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0				42	100.0		0	0.0		4	100.0		0	0.0		0	0.0		50	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

		% Needing						Total	
Percent Admissions from:		Activities of		% Assistance of		% Totally		Number of	
		Daily Living (ADL)		Independent		One Or Two Staff		Residents	
Private Home/No Home Health 21.6		Bathing		2.0		60.0		38.0 50	
Private Home/With Home Health 8.1		Dressing		18.0		60.0		22.0 50	
Other Nursing Homes 5.4		Transferring		44.0		38.0		18.0 50	
Acute Care Hospitals 64.9		Toilet Use		26.0		50.0		24.0 50	
Psych. Hosp.-MR/DD Facilities 0.0		Eating		64.0		20.0		16.0 50	
Rehabilitation Hospitals 0.0		*****							
Other Locations 0.0									
Total Number of Admissions 37		Continence		% Special Treatments				% 50	
Percent Discharges To:		Indwelling Or External Catheter		4.0		Receiving Respiratory Care		8.0	
Private Home/No Home Health 43.2		Occ/Freq. Incontinent of Bladder		66.0		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health 21.6		Occ/Freq. Incontinent of Bowel		44.0		Receiving Suctioning		0.0	
Other Nursing Homes 0.0						Receiving Ostomy Care		2.0	
Acute Care Hospitals 5.4		Mobility				Receiving Tube Feeding		2.0	
Psych. Hosp.-MR/DD Facilities 0.0		Physically Restrained		16.0		Receiving Mechanically Altered Diets		48.0	
Rehabilitation Hospitals 0.0									
Other Locations 5.4		Skin Care				Other Resident Characteristics			
Deaths 24.3		With Pressure Sores		6.0		Have Advance Directives		100.0	
Total Number of Discharges (Including Deaths) 37		With Rashes		2.0		Medications			
						Receiving Psychoactive Drugs		30.0	

 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %
									Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		73.5	83.8	0.88	87.1	0.84	85.3	0.86	85.1
Current Residents from In-County		72.0	84.4	0.85	81.5	0.88	81.5	0.88	76.6
Admissions from In-County, Still Residing		18.9	35.0	0.54	20.0	0.95	20.4	0.93	20.3
Admissions/Average Daily Census		74.0	74.2	1.00	152.3	0.49	146.1	0.51	133.4
Discharges/Average Daily Census		74.0	75.8	0.98	153.5	0.48	147.5	0.50	135.3
Discharges To Private Residence/Average Daily Census		48.0	24.2	1.98	67.5	0.71	63.3	0.76	56.6
Residents Receiving Skilled Care		66.0	86.6	0.76	93.1	0.71	92.4	0.71	86.3
Residents Aged 65 and Older		84.0	83.9	1.00	95.1	0.88	92.0	0.91	87.7
Title 19 (Medicaid) Funded Residents		84.0	76.6	1.10	58.7	1.43	63.6	1.32	67.5
Private Pay Funded Residents		8.0	17.1	0.47	30.0	0.27	24.0	0.33	21.0
Developmentally Disabled Residents		26.0	3.2	8.07	0.9	28.26	1.2	22.01	7.1
Mentally Ill Residents		48.0	56.1	0.86	33.0	1.45	36.2	1.33	33.3
General Medical Service Residents		4.0	14.6	0.27	23.2	0.17	22.5	0.18	20.5
Impaired ADL (Mean)		46.8	49.6	0.94	47.7	0.98	49.3	0.95	49.3
Psychological Problems		30.0	61.4	0.49	54.9	0.55	54.7	0.55	54.0
Nursing Care Required (Mean)		8.5	6.4	1.33	6.2	1.36	6.7	1.26	7.2